

HAND DELIVERED

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FEC FORM 3X

2014 DEC -5	PH 1: 22
FEC MAIL	CENTER

				Office Use Only				
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT Y	Example: If to over the lines	(bud, type &	12FE4MS	, i			
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ADDRESS (number and street)	[6,1,0, B,r,a	z,0,5, 8,t,.,		And I I I	- - - - - - - - - - 	لب		
The Check if different	S ₁ u, i, t, q 12	10,0, 1 1 1 1	1-1-1-	11111	<u> </u>	لب		
Check if different than previously reported (ACC)	Austin		لسا	T _X	8 7 0 1 -	لبب		
2. FEC IDENTIFICATION NUMBER ♥ CITY A STATE A ZIP CODE A								
C[0 0 5 6 6 1 9	0	3. IS THIS X	NEW (N) OR	AME (A)	NDED			
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20	E. (Non-El	20 (M11) ection nty)		
(a) Quarterly Reports:	į, į		.Jun 20 (M6)	Sep 20	(M9) File Dec :	20 (M12) lection nty)		
[April 15	il every of	Apr 20 (M4)	Jul 20 (M7)	0ct 20	(M10) 🗍 Jan 3	1 (YE)		
Quarterly Report (0	Q1) (c) 12-Day PRE-Bed	Primary (12P)	g General (12	(C) Runof	f (12R)		
Quarterly Report (0	(Q2) Report for	12-3	n (12C)	Special (12	S)			
Quarterly Report (Q3)	 Till Ter ial	, [444] , [in the	- frank		
January 31 Year-End Report (YE)	Election on			State of			
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Ele	iteral .	30G)	Hunoff (30)	Specia	a) (30S)		
Termination Report (TER)	Report for	Election on	[04]	2014	in the State of	a report		
5. Covering Period								
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.								
Type or Print Name of Treasure	er Jeffrey Cla	ırk						
Signature of Treasurer MOOCL Date 12 '64' ZOLY								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.								
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